

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2003

TheHousingAuthorityoftheCityofEtowah,Tennessee
TN026v01

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDINACCORDANCEWITH
INSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan
AgencyIdentification**

PHAName: EtowahHousingAuthority

PHANumber: TN026

PHAFiscalYearBeginning: 10/2003

PHAPlanContactInformation:

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TDD:

Email(ifavailable): **cjeha@comcast.net**

PublicAccessToInformation

**Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:
(selectallthatapply)**

- ☒ MainadministrativeofficeofthePHA
- ☐ PHAdevelopmentmanagementoffices

DisplayLocationsForPHAPlansandSupportingDocuments

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectallthatapply)

- ☒ MainadministrativeofficeofthePHA
- ☐ PHAdevelopmentmanagementoffices
- ☐ Mainadmin istrativeofficeofthelocal,countyorStategovernment
- ☐ Publiclibrary
- ☐ PHAwebsite
- ☐ Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

- ☒ MainbusinessofficeofthePHA
- ☐ PHAdevelopmentmanagementoffices
- ☐ Other(listbelow)

PHAProgramsAdministered :

- ☒PublicHousingandSection8 ☐Section8Only ☐PublicHousingOnly

Annual PHA Plan
Fiscal Year 20 03
[24CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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ii.ExecutiveSummary

[24CFRPart903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Etowah Housing Authority has prepared its Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA) and the Final Rule for the Public Housing Agency Plans as published in the Federal Register on October 21, 1999.

The Etowah Housing Authority has established meaningful goals and measurable objectives to lead us through the next five fiscal years and to promote the long-term viability of the Housing Authority and its assets and resources. Statutory requirements of the QHWRA have been implemented and certain discretionary policies are now in effect.

The Annual Plan programs and activities are consistent with the missions, goals and objectives outlined in the Five Year Plan. The Annual Plan includes a statement related to housing needs, financial resources, policies, rent determinations, capital improvements, demolition and/or disposition, designation of public housing for elderly families or families with disabilities or elderly families and families with disabilities, conversion of public housing, homeownership, safety and crime prevention and civil rights.

The Etowah Housing Authority Resident Advisory Board (RAB), residents, other assisted families, the Board of Commissioners, local government officials and representatives of other local public and private sector entities were provided an opportunity to participate in the preparation of the Public Housing Agency Plan.

1.Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Housing Authority will continue to revise existing procedures & programs pursuant to HUD Final Rules. The Authority does not intend to otherwise revise any current policy or program. The Housing Authority will enforce its policy to provide for deconcentration of poverty and encourage income mixing by bringing in higher income families into lower income developments and lower income families into higher income developments.

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A. ☒ Yes ☐ No: IsthePHAeligibletoparticipateintheCFPinthefiscalyearcoveredbythisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)CapitalFundProgramgrantforthe upcomingyear? **\$254,002.00**

C. ☒ Yes ☐ No DoesthePHAplantoparticipateintheCapitalFundProgramintheupcomingyear?If yes,completetherestofComponent7.Ifno,skiptonextcomponent.

D.CapitalFundProgramGrantSubmissions

(1)CapitalFundPrgram5 -YearActionPlan

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachment **C**

(2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachment **B**

3.D emolitionandDisposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethissection.

1. ☐ Yes ☒ No: DoesthePHAplantconductanydemolitionordispositionactivities(pursuant to section18oftheU.S.HousingActof1937(42U.S.C.1437p))intheplanFiscalYear? (If“No”,skiptonextcomponent;if“yes”,completeoneactivitydescriptionforeach development.)

2.ActivityDescription

Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities)
1a.Developmentname: 1b.Development(project)number:
2.Activitytype:Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3.Applicationstatus(select one) Approved <input type="checkbox"/> Submitted,pendingapproval <input type="checkbox"/> Plannedapplication <input type="checkbox"/>
4.Dateapplicationapproved,submitted,orplannedforsubmission:(dd/mm/yy)
5.Numberofunitsaffected: 6.Coverageofaction(selectone) <input type="checkbox"/> Partofthedevelopment <input type="checkbox"/> Totaldevelopment

7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year?

C. ☐ Yes ☐ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached as Attachment _____.

6.OtherInformation

[24CFRPart903.79(r)]

B. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment _____.

3. In what manner did the PHA address those comments? (select all that apply)

☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included

☐ Yes ☐ No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.

☐ Other: (list below)

B.StatementofConsistencywiththeConsolidatedPlan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: **State of Tennessee**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Consolidated Plans support the PHA Plan of the Etowah Housing Authority because the PHA Plan meets the priority outlined in the State of Tennessee's Consolidated Plan to increase the number of Tennessee's low and moderate income households who have obtained affordable, rental housing free of overcrowded and structurally substandard conditions.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Substantial deviations are defined as discretionary in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or as may be required by HUD.

B. Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications are defined as discretionary in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners or as may be required by HUD.

The following will be considered significant amendments or modifications:

1. changes to rent or admissions policies or organization of the waiting list;
2. addition of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund;
3. addition of new activities not included in the current PHDEP Plan;
4. and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
✓	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
✓	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) For 2000	5 Year and Annual Plans
✓	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
✓	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
✓	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
✓	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
✓	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
✓	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
✓	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
✓	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
✓	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
✓	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
✓	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
✓	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
✓	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
✓	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD-52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD-52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA/s participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA/s participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
✓	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
✓	Other supporting documents (optional) (list individually; use as many lines as necessary) Voluntary Conversion Deconcentration & Income Mixing Follow Up Plan to the Resident Survey Results	(specify as needed) Attachment G Attachment H On File at PHA

Attachment“B” -FY2003CFPAnnualStatement

CAPITALFUNDPROGRAMTABLESSTARTHERE

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary					
PHAName:TheHousingAuthorityoftheCityofEtowah,TN		GrantTypeandNumber CapitalFundProgr amGrantNo: TN37P02650103 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2003
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	\$48,002.00			
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	\$14,050.00			
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	\$191,950.00			
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollateralizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2 –20)	\$254,002.00			
22	Amountoffline21RelatedtoLBPAactivities				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: The Housing Authority of the City of Etowah, TN		Grant Type and Number Capital Fund Program Grant No: TN37P02650103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	\$101,950.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: The Housing Authority of the City of Etowah, TN		Grant Type and Number Capital Fund Program Grant No: TN37P02650103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>OPERATIONS</u>							
PHA Wide	Operations	1406	136	\$48,002.00				
	SUBTOTAL			\$48,002.00				
	<u>FEES & COSTS</u>							
TN26-1	a. Architects fee to prepare bid and	1430.1	52 Units	\$0.00				
TN26-2	contract documents, drawings,	1430.1	32 Units	\$4,000.00				
TN26-4	specifications and assist the PHA at	1430.1	50 Units	\$9,250.00				
	bid opening, awarding the contract, and							
	to supervise the construction work							
	on a periodic basis. Fee to be negotiated							
	Contract Labor							
	Subtotal			\$13,250.00				
TN26-1	b. Consulting fees for Agency Plan	1430.2	52 Units	\$300.00				
TN26-2	preparation.	1430.2	32 Units	\$250.00				
TN26-4		1430.2	50 Units	\$250.00				
	Subtotal			\$800.00				
	SUBTOTAL			\$14,050.00				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHAName: The Housing Authority of the City of Etowah, TN		Grant Type and Number Capital Fund Program Grant No: TN37P02650103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>DWELLING STRUCTURES</u>							
TN26-2	a. Install new HVAC systems	1460	32 Units	\$101,950.00				
	Subtotal			\$101,950.00				
TN26-4	b. Replace Kitchen Cabinets	1460	50 Units	\$90,000.00				
	Subtotal			\$90,000.00				
	SUBTOTAL			\$191,950.00				
	GRAND TOTAL			\$254,002.00				

TN26-1=54 Units

TN26-2=32 Units

TN26-4=50 Units

PartIII:ImplementationSchedule

[illegible]

Attachment“C” -FY2003FiveYearActionPlan

CapitalFundProgramFive -YearActionPlan					
PartI:Summary					
PHAName:HousingAuthorityof theCityofEtowah,TN				<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:2004	WorkStatementforYear3 FFYGrant:2005 PHAFY:2005	WorkStatementforYear4 FFYGrant:2006 PHAFY:2006	WorkStatementforYear5 FFYGrant:2007 PHAFY:2007
HAWide	Annual Statement	\$62,002.00	\$62,002.00	\$37,002.00	\$62,002.00
TN26-1		\$157,000.00	\$125,000.00	\$25,000.00	\$5,000.00
TN26-2		\$5,000.00	\$67,000.00	\$120,000.00	\$120,000.00
TN26-4		\$30,000.00	\$0.00	\$72,000.00	\$67,000.00
CFPFu ndsListedfor 5-yearplanning		\$254,002.00	\$254,002.00	\$254,002.00	\$254,002.00
ReplacementHousing FactorFunds					

Activitiesfor Year1	ActivitiesforYear: 2 FFYGrant:2004 PHAFY:2004			ActivitiesforYear: 3 FFYGrant:2005 PHAFY:2005		
	Development Name/Number	MajorWorkCategories	EstimatedCost	Development Name/Number	MajorWorkCategories	EstimatedCost
See	PHAWide	Operations	\$48,002.00	PHAWide	Operations	\$48,002.00
Annual	PHAWide	Fees&Costs	\$14,000.00	PHAWide	Fees&Costs	\$14,000.00
Statement		SUBTOTAL	\$62,002.00		SUBTOTAL	\$62,002.00
	TN26-1	Exterior&Paving	\$35,000.00	TN26-1	RepairInteriorWalls	\$30,000.00
		StormDoors	\$30,000.00		AtticInsulation	\$30,000.00
		RefinishKitchenCabinets	\$20,000.00		StormWindows/Screens	\$45,000.00
		Buildshedsw/concrete	\$72,000.00		Interiordoorhardware	\$5,000.00
		Pads@rearofeachunit			Repl.windows10units	\$15,000.00
		SUBTOTAL	\$157,000.00			
					SUBTOTAL	\$125,000.00
	TN26-2	Interiordoorhardware	\$5,000.00			
				TN26-2	KitchenRenovation	\$67,000.00
	TN26-4	Ranges&Refrigerators	\$30,000.00			
TotalCFPEstimatedCost			\$254,002.00			\$254,002.00

CapitalFundProgramFive -YearActionPlan PartII:SupportingPages —WorkActivities					
ActivitiesforYear: 4 FFYGrant:2006 PHAFY:2006			ActivitiesforYear: 5 FFYGrant:2007 PHAFY:2007		
Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories	EstimatedCost
PHAWide	Operations	\$23,002.00	PHAWide	Operations	\$5,745.00
PHAWide	Fees&Costs	\$14,000.00	PHAWide	Fees&Costs	\$14,000.00
	SUBTOTAL	\$37,002.00	PHAWide	Computer/Vehicle/ Mowers	\$37,257.00
TN26-1	Playgrounds	\$20,000.00	PHAWide	DevelopmentActivities	\$5,000.00
	PaintFrontDoors	\$5,000.00		SUBTOTAL	\$62,002.00
	Subtotal	\$25,000.00			
			TN26-1	Ranges&Refrigerator	\$5,000.00
TN26-2	Walls,Ceil ings(32Units)	\$15,000.00			
	Floors(32Units)	\$40,000.00	TN26-2	SiteImprovements	\$45,000.00
	RenovateBathrooms	\$60,000.00		Exteriors	\$75,000.00
	Ranges/Refrigerator	\$5,000.00		Subtotal	\$120,000.00
	Subtotal	\$120,000.00			
			TN26-4	Ranges/Refrigerator	\$12,000.00
TN26-4	Exterior&Paving	\$30,000.00		Replacegutters	\$55,000.00
	WaterHeaters	\$22,000.00		Subtotal	\$67,000.00
	Playground	\$20,000.00			
	Subtotal	\$72,000.00			
TotalCFPEstimatedCost		\$254,002.00			\$254,002.00

PublicHousingDrugEliminationProgramPlan

Note: THIS PHDEP Plan template (HUD50075 -PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

- 1. General Information/History**
- 2. PHDEP Plan Goals/Budget**
- 3. Milestones**
- 4. Certifications**

Section 1: General Information/History

- A. Amount of PHDEP Grant \$ _____**
- B. Eligibility type (Indicate with an “x”) N1 _____ N2 _____ R _____**
- C. FFY in which funding is requested _____**
- D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEPTargetArea (development or site where activities will be conducted), the total number of units in each PHDEPTarget Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEPTargetAreas (Name of development(s) or site)	Total # of Units within the PHDEPTargetArea(s)	Total Population to be Served within the PHDEPTargetArea(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

6Months_____12Months_____18Months_____24Months_____Other_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date	

Section2:PHDEPPlanGoalsandBudget

A.PHDEPPlanSummary

Inthespacebelow,summarizethePHDEPstrategytoaddresstheneedsofthetargetpopulation/targetarea(s).Yoursummaryshouldbrieflyidentify:thebroadgoalsand objectives,theroleofplanpartners, andyoursystemorprocessfo rmonitoringandevaluatingPHDEP -fundedactivities .Thissummaryshouldnotexceed5 -10sentences.

B.PHDEPBudgetSummary

EnterthetotalamountofPHDEPfundinallocatedtoeachlineitem.

FYPHDEPBudgetSummary	
BudgetLineItem	TotalFunding
9110 –ReimbursementofLawEnforcement	
9120 -SecurityPersonnel	
9130 -EmploymentofInvestigators	
9140 -VoluntaryTenantPatrol	
9150 -PhysicalImprovements	
9160 -DrugPrevention	
9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -O therProgramCosts	
TOTALPHDEPFUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 -Reimbursement of Law Enforcement					Total PHDEP Funding:		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9120 -Security Personnel					Total PHDEP Funding:		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 - Employment of Investigators					Total PHDEP Funding:		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 - Voluntary Tenant Patrol					Total PHDEP Funding:		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding:		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPH DEPFunding:		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							

9170 -DrugIntervention					TotalPHDEPFunding:		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding	PerformanceIndicators
1.							
3.							

Section3:Expenditure/Ob ligationMilestones

IndicatebyBudgetLineItemandtheProposedActivity(basedontheinformationcontainedinSection2PHDEPPlanBudgetandGoals),the%offundsthatwillbeexpended(at least25%ofthetotalgrantaward)andobligated(atleast50%ofthetotalgrantaward)within12monthsofgrantexecution.

BudgetLine Item#	25%Expenditure ofTotalGrantFundsByActivity#	TotalPHDEP FundingExpended	50%ObligationofTotal GrantFundsbyActivity#	TotalPHDEPFunding Obligated
	<i>Activities1,3</i>		<i>Activity2</i>	
9110				
9120				
9130				
9140				
9150				
9160				
9170				
9180				
9190				
TOTAL				

Section4:Certifications

Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: **Harvey Tallent**

B. How was the resident board member selected: (select one)?

- ☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): **1/27/07 - 5 Years**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a fulltime basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Mayor - Joe Moates**

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Resident Advisory Board Members are:

Lora Buger
Denise Felker
Harvey Tallent

AttachmentF –FY2002P&EReport

CAPITALFUNDPROGRAMTABLESSTARTHERE

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPR HF)PartI:Summary					
PHAName:TheHousingAuthorityoftheCityofEtowah,TN		GrantTypeandNumber CapitalFundProgramGrantNo: TN37P02650102 ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input checked="" type="checkbox"/> RevisedAnnualStatement(revisionno: 1) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 3/31/03 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	\$48,002.00	\$48,002.00	\$48,002.00	\$48,002.00
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	\$14,000.00	\$10,400.00	\$10,400.00	\$0.00
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460Dw ellingStructures	\$132,000.00	\$135,600.00	\$135,600.00	\$0.00
11	1465.1DwellingEquipment —Nonexpendable	\$60,000.00	\$60,000.00	\$60,000.00	\$0.00
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1501CollaterizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2 –20)	\$254,002.00	\$254,002.00	\$254,002.00	\$48,002.00
22	Amountoffline21RelatedtoLBPActivities				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR HF) Part I: Summary					
PHAName: The Housing Authority of the City of Etowah, TN		Grant Type and Number Capital Fund Program Grant No: TN37P02650102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part II: Supporting Pages

PHA Name: The Housing Authority of the City of Etowah, TN		Grant Type and Number Capital Fund Program Grant No: TN37P02650102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>OPERATIONS</u>							
PHA Wide	Operations	1406	136	\$48,002.00	\$48,002.00	\$48,002.00	\$48,002.00	Completed
	SUBTOTAL			\$48,002.00	\$48,002.00	\$48,002.00	\$48,002.00	
	<u>FEES & COSTS</u>							
TN26-1	a. Architects fee to prepare bid and	1430.1	52 Units	\$0.00	\$4,825.00	\$4,825.00	\$0.00	Contract
TN26-2	contract documents, drawings,	1430.1	32 Units	\$4,000.00	\$4,825.00	\$4,825.00	\$0.00	Executed
TN26-4	specifications and assist the PHA at	1430.1	50 Units	\$9,250.00	\$0.00	\$0.00	\$0.00	N/A
	bid opening, awarding the contract, and							
	to supervise the construction work							
	on a periodic basis. Fee to be negotiated							
	Contract Labor							
	Subtotal			\$13,250.00	\$9,650.00	\$9,650.00	\$0.00	
TN26-1	b. Consulting fees for Agency Plan	1430.2	52 Units	\$250.00	\$250.00	\$250.00	\$0.00	Obligated
TN26-2	preparation.	1430.2	32 Units	\$250.00	\$250.00	\$250.00	\$0.00	
TN26-4		1430.2	50 Units	\$250.00	\$250.00	\$250.00	\$0.00	
	Subtotal			\$750.00	\$750.00	\$750.00	\$0.00	
	SUBTOTAL			\$14,000.00	\$10,400.00	\$10,400.00	\$0.00	
	<u>DWELLING STRUCTURES</u>							

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part II: Supporting Pages

PHAName: The Housing Authority of the City of Etowah, TN		Grant Type and Number Capital Fund Program Grant No: TN37P02650102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
TN26-2	a. Replace roofing	1460	32 Units	\$32,000.00	\$32,500.00	\$32,500.00	\$0.00	Contract Executed
	Subtotal			\$32,000.00	\$32,500.00	\$32,500.00	\$0.00	
TN26-2	b. Kitchen Renovations	1460	32 Units	\$100,000.00	\$0.00	\$0.00	\$0.00	Deferred
	Subtotal			\$100,000.00	\$0.00	\$0.00	\$0.00	
TN26-1	c. Add bathroom renovations, and install range hoods in 52 units w/ fungibility from 2004.	1460	52 Units	\$0.00	\$63,552.32	\$63,552.32	\$0.00	Added/ Contract executed
	Subtotal			\$0.00	\$63,552.32	\$63,552.32	\$0.00	
TN26-1	d. Add installation of front entry screen doors @ all units w/ fungibility from 2003.	1460	52 Units	\$0.00	\$10,600.00	\$10,600.00	\$0.00	Added/ Contract executed
	Subtotal			\$0.00	\$10,600.00	\$10,600.00	\$0.00	
TN26-1	e. Add replace/install interior doors @ All units w/ fungibility from 2004.	1460	52 Units	\$0.00	\$28,947.68	\$28,947.68	\$0.00	Added/ Out to bid
	Subtotal			\$0.00	\$28,947.68	\$28,947.68	\$0.00	
	SUBTOTAL			\$132,000.00	\$135,600.00	\$135,600.00	\$0.00	
	<u>DWELLING EQUIPMENT</u>							
	<u>NON-EXPENDABLE</u>							

Annual Statement/Performance and Evaluation Report Budget Revision #1
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) 3/31/03
Part II: Supporting Pages

PHAName: TheHousingAuthorityoftheCityofEtowah, TN		GrantTypeandNumber CapitalFundProgramGrantNo: TN37P02650102 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
TN26-2	Ranges&Refrigerators	1465.1	32Units	\$60,000.00	\$60,000.00	\$60,000.00	\$0.00	Obligated
	SUBTOTAL			\$60,000.00	\$60,000.00	\$60,000.00	\$0.00	
	GRANDTOTAL			\$254,002.00	\$254,002.00	\$254,002.00	\$48,002.00	

TN26-1=54 Units
 TN26-2=32 Units
 TN26-4=50 Units

**AnnualStatement/PerformanceandEvaluationReportBudgetRevision#1
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)3/31/03
PartIII:ImplementationSchedule**

[illegible]

AttachmentG:VoluntaryConversion

Component10(B)VoluntaryConversionInitialAssessments

- a. HowmanyofthePHA’sdevelopmentsaresubjecttotheRequiredInitialAssessments?
TN026-1&4
- b. HowmanyofthePHA’sdevelopmentsarenotsubjecttotheRequiredInitialAssessments
basedonexemptions(e.g.,elderlyand/ordisableddevelopmentsnotgeneraloccupancy
projects)? TN026-2
- c. HowmanyAssessmentswereconductedforthePHA’scovereddevelopments?
OneeachforProjectsTN026 -1&4
- d. IdentifyPHAd developments that may be appropriate for conversion based on the
RequiredInitialAssessments: N/A

DevelopmentName	NumberofUnits

- e. IfthePHAhasnotcompletedtheRequiredInitialAssessments,describethestatusofthese
assessments: N/A

AttachmentH:Deconcentration&IncomeMixing

(6)DeconcentrationandIncomeMixing

- a. ☒ Yes ☐ No: DoesthePHAhaveanygeneraloccupancy(family)publichousingdevelopmentscoveredby thedeconcentrationrule?Ifno,thissectioniscomplete.Ifyes,continuetothenextquestion.
- b. ☐ Yes ☒ No: Doanyofthesecovereddevelopmentshaveaverageincomesaboveorbelow85%to115%of theaverageincomesofallsuchdevelopments?Ifno,thissectioniscomplete.

Ifyes,listthesedevelopmentsasfollows:

DeconcentrationPolicyforCoveredDevelopments			
DevelopmentName :	Number ofUnits	Explanation(ifany)[seestep4at §903.2(c)(1)((iv)]	Deconcentrationpolicy(if noexplanation)[seestep5 at §903.2(c)(1)(v)]